•	PATENT	APPLICATION Effect	,	Application or Docket Number								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL:	ENTITY	OR	OTHER	THAN
TOTAL CLAIMS			11				ľ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	≅ 370.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			/ / minus 20=		· b.			X\$ 9=		OR	14040	
INDEPENDENT CLAIMS			/ minus 3 =		• 1			X42=	1	OR	X84=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		7 0				1	1		
* (1	the difference	less than ze	ss than zero, enter "0" in column 2				+140=	379	OR OR	+280= TOTAL		
CLAIMS AS AMENDED - PART II								101712	7/7	Jon	OTHER	THAN
		(Column 1)	(Column :			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. [1	Minus	ر 1	U	- /		X\$ 9=		OR	X\$18=	
	Independent	. (Minus	***	3	2		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM			.440	1		.000		
								+140=.		OR	+280=	
										OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum	EST	(Column 3)	1		ADDI-		1	ADD
AMENOMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	** 0	10	±		X\$ 9+		OR	X\$18=	
	independent	• 3	Minus	***	3	ė		. X42=			X84=	
٩	FIRST PRESENTATION OF MULTIPLE DEPEND			ENDENT	T CLAIM					OR		
								+140=		QR	+280=	
0/22/04 (Caluma 1) (Caluma 2) (Caluma 2)								TOTAL ADDIT. FEE		OR	TOTAL ABOIT, FEE	-
	00/09	(Column 1) CLAIMS		(Colun		(Column 3)						
MEN		REMAINING AFTER AMENDMENT		NUME PREVIO PAID (USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 70	Minus	- Z	Ø	•		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	***]		*	ŀ	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ		 	OR	045	
• 14	the entry in colum	nn 1 is less than the	a antou in colo	na 2 usite	Th' in anh	ima 3	L	+140=		OR	+280=	
	the Highest Nur	mber Previously Pai mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	A	TOTAL ODIT, FEE		OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					fou	nd in the ap	propriate box	in col	umn 1.	1